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Ellen M. Godfrey
Ellen M. Godfrey

FILE COPY

PATENT

IN THE APPLICATION OF:
RAJOPADHYE, ET AL.

CASE NO.: DM-6958

SERIAL NO.: 09/281,474

GROUP ART UNIT: 1616

FILED: MARCH 30, 1999

EXAMINER: UNKNOWN

FOR: PHARMACEUTICALS FOR THE IMAGING OF ANGIOGENIC DISORDERS

Wilmington, Delaware

Date: June 19, 2000

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

REQUEST FOR CORRECTED FILING RECEIPT

The filing receipt for the above-reference Nonprovisional Application, a copy of which is attached, shows a inventors name spelled incorrectly. "Miland Rajopadhye", the correct spelling is "Milind Rajopadhye."

If there is a fee associated with this correction, please charge Deposit Account No. 04-1928.

Respectfully submitted.



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DuPont Pharmaceuticals Co.
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1007 Market Street
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PTO-103X
(Rev. 8-95)FILING RECEIPT
CORRECTED

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
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Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/281,474	03/30/99	1616	\$1,604.00	DM-6958	2	51	5

DAVID H. VANCE
DUPONT PHARMACEUTICALS COMPANY
C/O E. I. DU PONT DE NEMOURS AND CO.
LEGAL - PATENTS-1007 MARKET STREET
WILMINGTON DE 19898

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JUN 22 1999

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

MILIND

I
MILIND RAJOPADHYE, WESTFORD, MA; D. SCOTT EDWARDS,
BURLINGTON, MA; THOMAS D. HARRIS, SAMEL, NH; STUART J.
HAMINWAY, LOWELL, MA; SHUANG LIU, CHELMSFORD, MA;
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CONTINUING DATA AS CLAIMED BY APPLICANT-

PROVISIONAL APPLICATION NO. 60/080,150 03/31/98
PROVISIONAL APPLICATION NO. 60/112,715 12/18/98

TITLE

PHARMACEUTICALS FOR THE IMAGING OF ANGIOGENIC DISORDERS

PRELIMINARY CLASS: 424

DATA ENTRY BY: JONES, ANN

TEAM: 06 DATE: 06/16/99

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



Bib Data Sheet

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SERIAL NUMBER 09/281,474	FILING DATE 03/30/1999 RULE —	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. DM-6958	
APPLICANTS MILIND RAJOPADHYE, WESTFORD, MA ; D. SCOTT EDWARDS, BURLINGTON, MA ; THOMAS D. HARRIS, SAMEL, NH ; STUART J. HAMINWAY, LOWELL, MA ; SHUANG LIU, CHELMSFORD, MA ; PRAHLAD R. SINGH, ARLINGTON, MA ;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/080,150 03/31/1998 AND CLAIMS BENEFIT OF 60/112,715 12/18/1998 ** FOREIGN APPLICATIONS *****					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 5
ADDRESS DAVID H. VANCE DUPONT PHARMACEUTICALS COMPANY C/O E. I. DU PONT DE NEMOURS AND CO. LEGAL - PATENTS-1007 MARKET STREET WILMINGTON, DE 19898					
TITLE PHARMACEUTICALS FOR THE IMAGING OF ANGIOGENIC DISORDERS					
FILING FEE RECEIVED 1604	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		